

TRIP REPORT: PRETORIA, SOUTH AFRICA

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ABBREVIATIONS

CBO	community-based organization
COPE	Community-Based Options for Protection and Empowerment
DCOF	Displaced Children and Orphans Fund
FINCA	Uganda Women's Finance Trust and Foundation for International Community Assistance
FOCUS	Families, Orphans, and Children Under Stress
FOST	Farm Orphans Support Trust
NGO	nongovernmental organization
OVC	Orphans and Vulnerable Children
UNAIDS	Joint United Nations Programme on HIV/AIDS
USAID	U.S. Agency for International Development
USAID/RS/AFRICA	U.S. Agency for International Development Mission/South Africa Mission

INTRODUCTION

Background

South Africa's HIV epidemic is one of the most rapidly increasing HIV epidemics in the world. Recent reports estimate that 1 of every 10 new infections worldwide occur in South Africa. The current HIV prevalence rate among South African adults is almost 23 percent, having increased from a rate of approximately 14 percent in 1997 and 2 percent in 1992.¹ The exceptionally rapid spread of HIV/AIDS in South Africa appears to be due to such factors as longstanding patterns of labor migration domestically and within the region; the country's excellent transportation infrastructure, which facilitates movement within the country; and post-apartheid populations shifts.

Because South Africa's HIV prevalence rate has increased so rapidly and because adults in Africa typically experience a 5- to 10-year lag between infection with HIV and serious illness or death, related death and orphaning of children are not yet evident on a large scale in most of the country. At the end of 1997, an estimated 180,000 South African children were living without their mothers or both parents due to HIV/AIDS.² This number was produced by a much lower HIV prevalence rate during the period 1987 to 1992. With the rapid spread of HIV in South Africa and an estimated 3.6 million South Africans already HIV positive, the number of orphans can be expected to increase dramatically in the next few years.

In South Africa's highest prevalence areas, levels of illness, mortality, and orphaning are already rising rapidly. For example, in the hardest hit districts of KwaZulu-Natal, community capacities to provide care for orphans and for adults who are ill are strained. Problems there, as well as the impacts of HIV/AIDS in other countries in the region, have alerted service providers and policy makers to the crisis of care that South Africa can expect nationwide within the next few years. HIV/AIDS can be expected to join crime and unemployment as one of the most urgent crises facing the country.

Current Action

On July 12 and 13, 1999, the U.S. Agency for International Development mission in South Africa (USAID/RS/AFRICA) and the Displaced Children and Orphans Fund (DCOF) met with representatives from the Departments of Health and Welfare, UNICEF, the Joint United Nations Programme on HIV/AIDS (UNAIDS), and other experts and stakeholders to explore ways that USAID can best contribute to efforts to mitigate the impacts of HIV/AIDS on children and

¹ Cape Argus, "AIDS Spreading Like Wildfire in SA," July 2, 1999; Anthony Kighorn and Malcolm Steinberg, "HIV/AIDs in South Africa: The Impacts and the Priorities," Department of Health, p.9.

² UNAIDS and World Health Organization, "South Africa: Epidemiological Fact Sheet on HIV/AIDS and Sexually Transmitted Diseases," June 1998, p.3.

families in the country. Caroline Connolly, USAID/South Africa's health, population, and nutrition advisor, arranged and participated in most of the meetings. John Williamson took part as the senior technical advisor to the Displaced Children and Orphans Fund, and Mark Lorey, currently a visiting lecturer and researcher at the University of the Western Cape specializing in development policy and management, participated as a technical resource person. A list of meetings and participants is included as Appendix 1.

FINDINGS AND OBSERVATIONS

The South African Government

The South African Government has begun to recognize the severity of the mounting HIV/AIDS crisis. In mid-1998, it joined with a variety of civil society organizations to form a nationwide Partnership Against AIDS. The government has made strong public commitments to promote care and support for all children and adults infected and affected by HIV/AIDS and is in an early stage of acting to fulfill those commitments.

Shortly after his inauguration in June 1999, President Thabo Mbeki appointed a new Minister of Health, Manto Tshabalala-Msimang. Soon after taking office, Tshabalala-Msimang and the head of her department's HIV/AIDS Directorate, Nono Simelela, met with representatives from most of the leading nongovernmental organizations (NGO) and community-based organizations (CBO) involved in the fight against HIV/AIDS in South Africa. At this meeting, the two officials announced that no previous policy was set in stone. They said that they intend to consult civil society partners regularly and closely before making most HIV/AIDS-related decisions. Leading civil society critics of the government's HIV/AIDS policies appear to be cautiously optimistic that this announcement indicates that the government is open to recommendations and innovations.

The DCOF/USAID team's meetings with key government officials in the Departments of Health and Welfare confirmed this openness and interest in collaboration. Officials recognize the rapidly increasing scale of the impacts of the pandemic and the need for broad cooperation in mounting an effective response to these impacts. However, priorities for action have not yet been set. Officials with whom the team met expressed interest in learning about the approaches that other countries are using to address similar challenges and identified the need for South Africa to carry out its own situation analysis to identify priorities for action.

Interim Task Team

One of the team's most encouraging findings is that an informal structure to facilitate a multisectoral response to the impacts of HIV/AIDS on children has already been established. After the June 1998 "Raising the Orphan Generation" conference in Pietermaritzburg, an interim task team was established to bring together a number of stakeholders concerned with children affected by HIV/AIDS in South Africa. Members include representatives from the Departments of Health, Welfare, and Education; UNICEF; UNAIDS; Save the Children Fund (UK); and several South African NGOs.

This interim task team has generated a number of ideas, but its action has been limited. One of the team's main priorities has been to conduct a review of existing literature on the impacts of

HIV/AIDS on children. Funding has been provided for a literature review, and a contract has been signed, with the target completion date for the review set for January 2000. The task team has also begun planning a study tour in September 1999 to see how other countries in Africa have responded to the challenges of HIV/AIDS. The DCOF/USAID team recommended that those planning the tour consider including the following programs:

- Zimbabwe: Families, Orphans and Children Under Stress (FOCUS) and the Farm Orphan Support Trust (FOST)
- Malawi: Community-based Options for Protection and Empowerment (COPE) program and the National Orphans Task Force
- Zambia: Orphans and Vulnerable Children (OVC) supported by Project Concern International
- Uganda: Uganda Women's Finance Trust and Foundation for International Community Assistance (FINCA)

During the discussion, members of the task team mentioned the following as possible elements for a situation analysis:

- Projection of the number of children likely to be infected or affected by HIV/AIDS in coming years,
- Existing programs and initiatives to assist these children,
- Prevalence and coping strategies of child-headed households,
- Prevalence of abandonment of HIV-positive children, and
- Availability and quality of counseling services for children of HIV-positive parents.

Task team members seemed open to suggestions on other elements to include and on alternative approaches to the analysis. The task team envisions starting the situation analysis after the literature review is completed, so that the analysis can be designed to fill in the information gaps discovered in the review.

The existence of the interim task team is an important indication that key stakeholders working in the HIV/AIDS care and support community in South Africa recognize the need for collaborative responses to the impacts of the pandemic on children. Although it is a fairly informal body and its accomplishments to date are limited, the task team provides an important forum for communication and cooperation among the key stakeholders. As the need for collaboration grows, USAID should consider joining with the government departments, civil society

organizations, and donor agencies involved with the team to discuss ways to structure and support the task team to enhance its capacity to act effectively.

Department of Health

The DCOF/USAID team's meeting with staff from the Department of Health was encouraging. Staff members with whom the team met were open to cooperation and interested in exchanging information and experiences. Much of the meeting with health department staff centered on discussion of the interim task team. The HIV/AIDS Directorate considers orphans a priority issue, but no national strategy exists on how best to respond to the needs of orphans.

The team also heard descriptions of the HIV/AIDS education strategy being developed for South Africa's youth. Care and support issues do not figure prominently in the HIV/AIDS education curriculum being prepared. A strong case could be made for including discussion of care and support issues in this and other HIV/AIDS-related curricula being developed by the department. The department's coordinator for people living with HIV/AIDS made a compelling argument for integrating responses to the needs of children affected by HIV/AIDS and orphans into home-based care programs.

Department of Welfare

The DCOF/USAID team's meeting with key officials in the Department of Welfare was quite open. It underlined a mutual recognition of the difficult issues the department faces as it shifts from a traditional approach to social work emphasizing pathology, toward an approach that focuses on building on the capacities of families and communities. The HIV/AIDS resource person in the department's children, youth, and family section had recently read a draft book John Williamson wrote in 1995 and felt that it was highly relevant to the present South African situation.

Since 1994, the Department of Welfare has been moving away from the Western-style pathology-oriented, individual casework approach to welfare services that was used during the apartheid era. That approach was characterized by a highly inequitable allocation of scarce welfare resources to different racial groups. The new approach that the department is adopting is a more equitable and developmental, strength-based model. The rapidly increasing impacts of HIV/AIDS figure prominently in the department's thinking as it makes this transition. The new approach expands the roles of NGOs and CBOs in welfare service delivery and seeks to build their capacity. As part of the new approach, the department intends to establish "one-stop" integrated welfare service centers in communities across the country. These centers could serve as excellent platforms for initiatives to support community care for vulnerable children and adults. The approach the department is adopting fits well with the community mobilization and

capacity building and microfinance approaches that DCOF has found to be effective in other African countries.

The new approach shifts the emphasis from residential and institutional care for the vulnerable to community-based care. A high proportion of South Africa's current welfare spending is allotted to welfare institutions established by the apartheid state to cater to privileged race groups. This allotment is slowly being reduced, but beneficiaries of the former system are resisting these reductions. The welfare officials with whom the team met acknowledged the difficulty of enacting the shifts in resources and mentality needed to move away from institution-based approaches. DCOF-supported, community-oriented activities could therefore be timely in demonstrating approaches better suited to the evolving needs and problems in South Africa.

A study on the impacts of HIV/AIDS completed within the past month for the Department of Welfare has caused great concern among department officials. The study details the extent of the impacts already evident in KwaZulu-Natal. The study's discussion of the high levels of orphaning, and of the severe strain that caring for orphans is placing on extended families and neighbors, affirmed the officials' sense that effective action must be taken to prepare for the coming avalanche of problems arising from the pandemic.

Department of Welfare staff recalled that when told of the looming orphan crisis, the previous ministers of health and welfare had asked, "Where are the orphans?" because problems had not yet escalated to the point of crisis. Department staff suggested that a reliable survey of the extent of the current problem and projections of the likely extent of the crisis to come would be helpful in advocating for more government attention and resources.

UNICEF and UNAIDS

UNICEF is interested in initiatives to assist children affected by HIV/AIDS, but seems to have limited resources to fund activities. The team met with the program officer for protection and communication, who represents UNICEF on the interim task team. She expressed interest in working collaboratively with USAID.

Although the UNAIDS office for southern Africa is based in Pretoria, the organization has devoted most of its energy and resources to the countries in the region with more advanced epidemics. UNAIDS is advocating integrated approaches to prevention and care. In the DCOF/USAID team's meeting with the Department of Health, a UNAIDS consultant expressed some concern about programs that focus on the needs of orphans while ignoring people living with HIV/AIDS and other family members. In a subsequent meeting with the UNAIDS care and support advisor, the DCOF/USAID team emphasized that the fund's approach is also integrated, that it emphasizes building family and community capacities and that it advocates using care interventions as a way to promote awareness and prevention of HIV. The care and support

advisor was generous in sharing information and supportive of the ideas discussed. She also felt that a situation analysis would be useful in South Africa.

USAID/RS/AFRICA

The mission seems to be open to possibilities for integrated programming to mitigate the impacts of HIV/AIDS. The team's visit was arranged by the health strategic objective team (SO #3), which has expressed an interest in programming to mitigate the impacts of HIV/AIDS on children. The visitors also met with team members from the education (SO #2) and private sector (SO #5) strategic objectives and discussed areas for potential collaboration. John Williamson described the sectoral analysis that UNICEF is assisting the Ministry of Education in Swaziland in carrying out and promised to send Lisa Franchette the report on that process. Jim Schill described a new USAID-supported initiative to generate employment through rural entrepreneurship that should help families remain together, rather than forcing them to depend on labor migration, and could enable more children to attend school. Both expressed interest in further exchanges to explore possibilities for collaboration among SOs to help mitigate the impacts of HIV/AIDS on children and families.

Conclusion

Key stakeholders with whom the USAID/DCOF team met realize that the impacts of the HIV/AIDS pandemic will be severe in South Africa. They are interested in collaborative action to address these impacts. However, most stakeholders are uncertain as to how to move the process of collaborative response forward. A timely infusion of technical assistance and modest financial assistance by DCOF could make a major contribution to mitigating the impacts of HIV/AIDS in South Africa in the long term.

Now is the time to initiate programs that prepare communities to cope with the growing HIV/AIDS crisis. The impacts are not yet as visible in South Africa as in the countries to the north. Most of the country has seen only the beginnings of the impacts of the pandemic. As the impacts of the pandemic on households, communities, and nations become broader and deeper, South Africa urgently needs cost-effective, sustainable initiatives that can serve as response models for the rest of the country.

It is important to recognize, however, that South Africa differs from other countries in the region in many significant respects. A strategy to mitigate the impacts of HIV/AIDS in South Africa should draw on lessons learned in other parts of the continent and the world, but must be carefully adapted to the unique South African context.

RECOMMENDATIONS FOR SHORT-TERM ACTION

1. DCOF should assist the mission in pursuing more extensive discussions and planning with relevant stakeholders, leading to a mutually agreed-upon process to respond to the impacts of HIV/AIDS on children and families. The most likely next major step in this process would be a collaborative situation analysis, which should serve at least three purposes:
 - C **A situation analysis should help build consensus among key stakeholders.** It should be conducted as a broadly inclusive, highly participatory process involving key stakeholders. The impacts of HIV/AIDS will eventually exceed the capacity of any governmental or nongovernmental body to be effective while acting unilaterally. Collaboration to mitigate the impacts of HIV/AIDS becomes essential as an HIV epidemic spreads. A situation analysis should not be just a technical process to generate information. It is a vital opportunity to bring together key actors—those already engaged and those who will need to be—and decide in broad terms on the best way forward. It is imperative that key stakeholders own the process and its findings.
 - C **The process should lead to a working understanding of priority issues.** It should generate credible technical information on the current and future magnitude of orphaning and other impacts of HIV/AIDS on children and families. For program heads and policy makers, it should provide clear answers to the question, "Why should I care about these issues?" Participating groups should work together to compile and analyze information on the nature and scale of current problems, project problems that can be anticipated, identify interventions that have the potential to be effective and sustained at scale, and recommend priorities for action.
 - C **A situation analysis should identify key points for intervention and recommend priority actions.** Collaborative analysis of the information gathered should set the stage for planning interventions, necessary roles, and divisions of responsibility.
2. USAID/DCOF should help catalyze action by offering resources and technical support for a situation analysis. USAID/DCOF should express to key stakeholders its willingness to support such a process through distribution of this report and follow-up discussions with stakeholders. A situation analysis could be planned and initiated through a broadly inclusive workshop that includes all key stakeholders from the government, civil society, and the donor community. However, USAID/DCOF should not prescribe this approach. Rather, USAID/DCOF should encourage the government to consider convening a meeting of key stakeholders to plan the process.
3. If the government decides to convene a workshop to collaboratively plan a situation analysis, USAID should play a supporting technical role, rather than a leading role, in the workshop. Leadership should come from key government departments and civil society organizations.
4. DCOF should explore with the mission how its funding or technical inputs could support collaboration among the mission's strategic objectives to address the impacts of HIV/AIDS. Possibilities to explore include the following:

- C **SO #1, Democracy and Governance:** Possible support for review and revision of legislation covering foster care and adoption (This was requested by a director in the Department of Welfare.)
 - C **SO #2, Education:** Access of orphans to school, inclusion of a care and support component in life skills training curricula, school-based community child care, loss of teachers, etc.
 - C **SO #4, Health:** Integration of care and support issues in ongoing and upcoming projects, including reproductive health and primary health care initiatives.
 - C **SO #5, Private Sector:** Potential for microfinance and employment-generation initiatives to mitigate economic impacts on families affected by HIV/AIDS.
5. DCOF should discuss with relevant staff in USAID's Africa and Global Bureaus ways to encourage and support collaboration among the strategic objectives within missions in countries seriously affected by HIV/AIDS.

APPENDIX 1

Schedule of Meetings and Conversations During Visit to South Africa by John Williamson

MONDAY, 12 JULY

TIME	ACTIVITY	INDIVIDUALS PRESENT
08:30 - 09:30	Briefing at USAID-Pretoria	John Williamson (JW); Caroline Connolly (CC); Dick Cornelius (DC), Deputy Director, Office of Field and Technical Support, PHN, USAID-Washington; Mark Lorey (ML)
10:00 - 12:00	Meeting at Department of Health	JW; CC; DC; ML; Cornelius Lebeloe, Head, Care and Support Sub-directorate, HIV/AIDS Directorate; Representatives from Child and Youth Health Directorate and Maternal and Women's Health Directorate Karin Seidlitz, UNICEF Protection and Communication Officer; Edith Morch-Biennema, UNAIDS Consultant
13:45 - 15:00	Meeting with staff from the Microenterprise Support Project of Volunteers in Technical Assistance (VITA)	JW; ML; Jaime Reibel, Managing Director and other staff from VITA/MSP
15:30 - 16:00	Telephone interview	JW; Francis Lund, Researcher on vulnerable children at the University of Natal
17:00 - 18:30	Meeting at UNICEF	JW; ML; Karin Seidlitz
20:00 - 22:30	Dinner with USAID staff	JW; CC; DC; ML; Elaine Bosman, USAID-Pretoria; Marcia Glenn, USAID-Washington

TUESDAY, 12 JULY

TIME	ACTIVITY	INDIVIDUALS PRESENT
09:30 - 11:00	Meeting at UNAIDS	JW; ML; Sandra Anderson, Care and Support Adviser to UNAIDS Intercountry Team for Eastern and Southern Africa
11:00 - 12:00	Meeting with USAID staff	JW; ML; Jim Schill, SO5 (Private Sector); Lisa Franchette, SO2 (Education)
12:00 - 12:45	Lunch discussion	JW; ML
13:00 - 14:45	Meeting at Department of Welfare	JW; CC; DC; ML; Johanna de Beer, HIV/AIDS Resource Person, Dept. of Welfare; Eddie Harvey, Director, Children, Youth, and Families Section; Sophie Mkhasibe, Women's Section; Venita Meyer, Older Person's Section
15:15 - 16:45	Meeting at USAID	JW; DC; ML; Neil Soderlund, Manager and Health Care Economist, Abt Associates South Africa Inc.
17:00	Departure for airport	